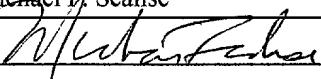


01-18-02

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Please type plus sign inside this box + PTO/SB/05 (03/01) Approved for use through 10/31/2002 OMB 0651-0032 +

01/16/02

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 1.53(b))</i>		Attorney Docket No.	33211.0009		
		First Inventor	Shi et al.		
		Title	Low Shrinkage, High Strength Cellular...		
		Express Mail Label No.	EF380104141US		
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, D.C. 20231			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification <i>[Total Pages / 40]</i> <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> <i>[Total Sheets / 4]</i> 5. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages / 3]</i> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application <i>(37 CFR 1.63(d))</i> <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76					
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies					
ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 <input type="checkbox"/> Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent 17. <input checked="" type="checkbox"/> Other: Checks for \$523.00 and \$40.00					
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of the prior application No: <u>09/740,464</u> Prior application information: Examiner: <u>P. Marcantoni</u> Group/Art Unit: <u>1755</u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below	
NAME		Michael F. Scalise			
		Hodgson Russ LLP			
ADDRESS		One M&T Plaza, Suite 2000			
CITY	Buffalo		STATE	New York	
COUNTRY	United States of America		TELEPHONE	(716) 856-4000	
Name (Print/Type)		Michael F. Scalise		Registration No. (Attorney/Agent)	34,920
Signature				Date	January 16, 2002

"Express Mail" Mailing Label Number EF380104141USDate of Deposit January 16, 2002

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, DC 20231.

Barbara Haggerty

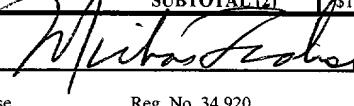
Name



BFLODOCS:647070

FEE TRANSMITTAL for FY 2002

Patent Fees are subject to annual revision.

FEE TRANSMITTAL for FY 2002											
<i>Patent Fees are subject to annual revision.</i>											
TOTAL AMOUNT OF PAYMENT		(\$) 563.00		Attorney Docket Number							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to		3. ADDITIONAL FEES									
Deposit Account Number: <u>08-2442</u> Deposit Account Name: <u>Hodgson Russ LLP</u>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		105	130	205	65	Surcharge - late filing fee or oath	\$				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	\$				
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		139	130	139	130	Non-English specification	\$				
FEE CALCULATION		147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	\$				
1. BASIC FILING FEE		Large Entity	Small Entity								
Fee Code (\$)		112	920*	112	920*	Requesting Publication of SIR prior to Examiner Action	\$				
Fee Code (\$)		113	1,840*	113	1,840*	Requesting Publication of SIR after Examiner Action	\$				
101	201	370	Utility filing fee	\$370	115	110	215	55	Extension for reply within first month	\$	
106	206	165	Design filing fee	\$	116	400	216	200	Extension for reply within second month	\$	
107	207	255	Plant filing fee	\$	117	920	217	460	Extension for reply within third month	\$	
108	208	370	Reissue filing fee	\$	118	1,440	218	720	Extension for reply within fourth month	\$	
114	214	80	Provisional filing fee	\$	128	1,960	228	980	Extension for reply within fifth month	\$	
SUBTOTAL (1)		\$370	119	320	219	160	Notice of Appeal	\$			
2. EXTRA CLAIM FEES		Extra Fee from Claims below	Fee Paid	120	320	220	160	Filing a brief in support of an appeal	\$		
Total Claims /37/-20** = /17/ x /9/ =		\$153	121	280	221	140	Request for oral hearing	\$			
Independent Claims /2/-3** = /0/ x /42/ =		\$0	138	1,510	138	1,510	Petition to institute a public use proceeding	\$			
Multiple dependent / / x / / =		\$0	140	110	240	55	Petition to revive - unavoidable	\$			
Large Entity		Small Entity		141	1,280	241	640	Petition to revive - unintentional	\$		
Fee Code (\$)		142	1,280	242	640		10 advance copies Utility issue fee (or reissue)	\$			
103		18	203	9	Claims in excess of 20	143	460	243	230	Design issue fee	\$
102		84	202	42	Independent claims in excess of 3	144	620	244	310	Plant issue fee	\$
104		280	204	140	Multiple dependent claim if not paid	122	130	122	130	Petitions to the Commissioner	\$
109		84	209	42	**Reissue independent claims over original patent	123	50	123	50	Processing fee under 37 CFR 1.17(q)	\$
110		18	210	9	**Reissue claims in excess of 20 and over original patent	126	180	126	180	Submission of Information Disclosure Statement	\$
SUBTOTAL (2)		\$153	581	40	581	40		Recording each patent assignment per property (times number of properties)	\$40		
SIGNATURE:			146	740	246	370		Filing a submission after final rejection(37 CFR 1.129(a))	\$		
Michael F. Scalise Reg. No. 34,920		149	740	249	370		For each add'l invention to be examined(37 CFR 1.129(b))	\$			
DATE: January 16, 2002 Telephone: (716) 848-1258		179	740	279	370		Request For Continued Examination (RCE)	\$			
"Express Mail" Mailing Label Number: EF380104141US		169	900	169	900		Request for Expedited Examination of a design appln.	\$			
Date of Deposit: <u>January 16, 2002</u>		*Reduced by basic filing fee paid					SUBTOTAL (3)	\$40			

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Barbara Haggerty
Name


Signature

January 16, 2002
Date of Signature

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